

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
ADMINISTRATIVE SEGREGATION PLACEMENT AND RELEASE REPORT

OFFENDER NAME: _____ **JIRMS#:** _____

☐ **UNED HOUSING:** _____

SMI/MR: ☐ Yes ☐ No

ADMINISTRATIVE SEGREGATION PLACEMENT INFORMATION

Date Placed in Administrative Segregation: _____	Time Placed in Administrative Segregation: _____ AM/PM
Authorized By: _____ (Name / Title)	Approved By: _____ (Warden / Designee)
Reason for Placement in Administrative Segregation: (Be specific) _____ _____ _____	
Supervisor/Rover Signature: _____ (Name/Title)	

SERIOUS MENTAL ILLNESS / MENTAL RETARDATION ASSESSMENT
(to be completed if offender is seriously mentally ill or mentally retarded)
(if not-applicable write N/A across this section)

☐ Serious Mental Illness

☐ Mental Retardation

Was There a Need to Contact Mental Health Staff Due to Offender's Classification (MR/MI): ☐ YES ☐ NO

Mental Health Staff Contacted at: _____ AM / PM

Officer's Signature: _____ (Name & Title)

Time of Offender Interview, Assessment and Treatment by Mental Health Staff: _____ AM / PM

If Assessed by Qualified Nurse - Was the Qualified Mental Health Professional Contacted via Telephone: ☐ YES ☐ NO

Was There a Need for a Face-to-Face Assessment by the Qualified Mental Health Professional: ☐ YES ☐ NO

Assessment Conducted By: _____ (Name / Title)

DOCUMENT OFFENDER INTERIM BEHAVIOR ON BACK OF FORM

RELEASE FROM ADMINISTRATIVE SEGREGATION INFORMATION

Date Released From Administrative Segregation: _____	Time Released From Administrative Segregation: _____ AM / PM
Offender Released From Administrative Segregation By: _____ (Name / Title)	
Officer's Signature: _____ (Name / Title)	

ARE THE FOLLOWING REPORTS ATTACHED	YES	NO	COMMENTS
Removal From Programming Report, if applicable			

Unit Supervisor's Signature: _____ (Name / Title)

Date: _____

Date: _____

Offender Name: _____

JIRMS # _____

Was Offender Provided Educational Programming: <input type="checkbox"/> YES <input type="checkbox"/> NO	If No -Explain: _____
Was Offender Provided One Hour of Outdoor Exercise: <input type="checkbox"/> YES <input type="checkbox"/> NO	If No - Explain: _____
	Approved By: _____ (Warden / Designee)
Was Offender Provided With Reading/Writing Materials: <input type="checkbox"/> YES <input type="checkbox"/> NO	If No - Explain: _____

[illegible]

Officer's Signature: _____ (Name/Title) Shift: _____